AP: UCC: To be filled for entity			MANDATORY
Know Your Client (KYC) Application Form (For Non-Individuals O Please fill this form in English & in BLOC Fields marked * are mandatory	CK letters		OCK BROKERS PVT LTD
Fields marked ⁺ are pertaining to C mandatory only if processing CKYC also KYC Mode*: Please Tick by Click on Box	KYC and	Please tick by o	
Application Type* ☐ NEW KYC ☐ Modifie	cation KYC		
1. ENTITY DETAILS (Please refer guideling	es)		
PAN* Name* (same as ID proof)	Please enclose a	duly attested copy of yo	our PAN Card
		Place of Incorporation	
Entity Type* ☐ Private Ltd. Co. ☐ Please tick (✓) ☐ Trust/Charity/NGO ☐	Public Ltd. Co. HUF Bank nization	☐ FPI Category I☐ Government Body	☐ Partnership
2. Proof of Identity* (Please refer the gu	uidelines)		
☐ Officially Valid Document(s) in respect of	of person authoris	sed to transact	
☐ Certificate of Incorporation/Formation			ertificate
☐ Memorandum & Articles of Association	☐ Partnershi	ip Deed 🔲 Trust Deed	
☐ Board Resolution ☐ Power of attorney	granted to its ma	nager, office, employees t	to transact on its behalf
☐ Activity Proof-1* (For Sole Proprietorshi	ip Only) 🗖 Activi	ty Proof-2* (For Sole Prop	rietorship Only)
3. Address Details* (Please refer guideling	nes)		
A. Registered Address*			
Line 1*			
Line 2			
Line 3			
City/Town/Village*			
State* (
B. Correspondence/Local Address in India			
Line 1*	•	•	
Line 2			
Line 3			
City/Town/Village*	District*	Pin Cod	 le*
State* (
			Applicant Signature
		(1)	•

Proof of Address* (attested copy of any one POA to be subm	itted-#Not more th	an 3 months old)		
☐ Certificate of Incorporation/Formation ☐ Registration C	Certificate			
☐ Latest Tel. Bill* (Landline only) ☐ Latest Electric	city Bill*	atest Bank Account Statement		
☐ Registered Lease/Sale Agreement of O ce Premises Vali	dity/Expiry Date of	F POA (Expiry Date)		
☐ Any other proof of address document (as listed overleaf) _				
4. Contact Details* (in CAPITAL)				
Email ID*N	Nobile No			
Tel. (Off.)F	ax			
5. Annexures Submitted				
Number of Related Persons				
6. Remarks/Additional Information				
7. Applicant Declaration				
I/We hereby declare that the KYC details furnished by me are true	Applicant e-SIGN	Applicant Wet-signature		
and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case		(2)		
any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we aware that I/we may be held	Not Applicable			
liable for it.	aplica			
 I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/email address. 	or by.			
Date: (DD-MM-YYYY)	42			
Place:		First Director/Trustee/Partner		
8. For Office Use Only				
KYC carried out by*	☐ Self Certified de	ocument copies received (OVD)		
KYC Date	☐ True Copies of	documents received (Attested)		
ABBAS R BHARMAL	AMC/Intermedia	ry Name or Code:		
Emp. Name:	Pos Code:			
Emp. Code: EMP19		TOCK BROKERS PVT LTD		
Emp. Designation: PRINCIPAL OFFCER MUMBAI	CODE:			
Employee Signature and Stamp	IPV Stam	p & Signature Required		

First Director/Trustee/Partner

Know Your Client (KYC)





MANDATORY

,	Non-Individuals Or		RRS SHAR	RES & STOC	K BROKERS PVT LTD
	form in English & i	n BLOCK letters			
	* are mandatory		Application Number	:	
	d ⁺ are pertaining y if processing CKY		CKYC Number:		
Please tick by cl		<u> </u>	ekte Number:		
	* 🗖 NEW KYC 🗖 I	Modification KYC			
1. IDENTITY DE	TAILS of Related P	erson (Please ref	er guidelines overleaf	f)	
PAN*		Please en	close a duly attested	copy of you	PAN Card
Name* (same as	s ID proof)				
Maiden Name*	(if any)				
Father/Spouse's	Name*				
Date of Birth*				(3)	
Gender*	☐ M- Male	☐ F- Female	☐ T-Transgender	(3) (3)	
Nationality*	☐ Indian	☐ Other			
Related Person	Typo*				Applicant Photo
		rustee 🖵 Partner	☐ Court Appointed Offici	ial Proprietor	
☐ Beneficiary ☐ /	Authorised Signatory [☐ Beneficial Owner	☐ Beneficial Owner	·	
Others	(pl	ease specify)	DIN:	_(mandatory if	the related person is Director)
Proof of Identity	(POI) submitted for	or PAN exempte	d cases (please tick)		
🗖 A - Aadhaar C	ard	XXXX XX	XX		
☐ B - Passport N				(Expiry	Date)
C - Voter ID C				-	
D - Driving Lic				_ (Expiry	Date)
☐ E - NREGA Job	o Card opulation Register L			-	
☐ Z - Others	opulation Register t			- (any document	notified by Central Government)
Identification Nu	mber			_ (any accument	notified by central covernment,
2. Address Deta	ails* (Please refer _{	guidelines overle	af)		
A. Corresponden	ce/Local Address*				
Line 1*					
Line 2					
Line 3					
City/Town/Village	e*	District*		Pin Code*	
State*		Country* _			
Address Type* □	Residential/Busine	ess 🖵 Residential	☐ Business ☐ Regist	tered Office	☐ Unspecified
					Applicant e-SIGN
				_	Not Applicable
				1	NOT WAL.

B. Permanent residence address of applicant, if	f different from abo	ove A/Overseas Addre	ss* (Mandatory for NRI applicant)
Line 1*			
Line 2			
Line 3			
City/Town/Village*	District*	Pir	n Code*
State*C	Country*		_
Address Type* ☐ Residential/Business ☐ F			
Proof of Address* (attested copy of any 1 F	POA for correspond	dence and permanent	address each to be submitted)
☐ A - Aadhaar Card	XXXX XXXX		
B - Passport Number			Expiry Date)
☐ C - Voter ID Card ☐ D - Driving Licence			Expiry Date)
☐ E - NREGA Job Card			
☐ F - National Population Register Letter			
☐ Z - Others Identification Number		(any d	ocument notified by Central Government)
3. Contact Details* (in CAPITAL)			
Email ID*			
Mobile Number*			·····
		Tel (Res)	
4. Applicant Declaration		_ ren (nes.)	
I/We hereby declare that the KYC details furnish	and by me are true	Applicant e-SIGN	Applicant Wet-signature
and correct to the best of my/our knowledge a	nd belief and I/we	Ph ss ss s	(4)
undertake to inform you of any changes therein, in any of the above information is found to be	false or untrue or	e	
misleading or misrepresenting, I am/we aware tha liable for it.	at I/we may be held	licab.	
 I/We hereby consent to receiving information from SMS/Email on the above registered number/em 		Not Applicable	
Swis/Email on the above registered number/em	ian address.	40t	
Date: (DD-MM-YYYY)			
Place:			First Director/Trustee/Partner
5. For Office Use Only			
KYC carried out by*		Inter	mediary Details*
KYC Date		☐ Self Certified do	cument copies received (OVD)
Emp. Name: ABBAS R BHARMAL		☐ True Copies of d	ocuments received (Attested)
Emp. Code: EMP19		Pos Code:	COOK PROKERS BUT LTD
Emp. Designation: PRINCIPAL OFFCE	R MUMBAI	CODE:	OCK BROKERS PVT LTD
Emp. Designation.			
Employee Signature and Stan	ηp	Institut	ion Name & Stamp

RRS SHARES & S	TOCK BROKERS PVT LTD	Suppleme		•														
(Please consul	t your professional ta	FATCA-CRS x advisor for							ах	resi	den	су Г	AT	CA/	'CRS	Gui	dan	ce)
PAN		Clier	nt Co	ode				I		Ī	Ι					I	I	
Name														G	ende	r N	1 F	0
Type of addre	ss given at KYC KRA	Resid	lenti	ial		Resid	denti	ial 8	ιBι	usin	ess			E	Busin	ess		
Place of Birth																		
Country of Birth																		
Nationality																		
Gross Annual	Below 1 Lakh	5-10 Lakh		25 La	akh	- 1 Cr	ore		Ne	etw	orth	in	INR	in	Lakh	S		
Income Details in INR	1-5 Lakh	10-25 Lakh		;	> 1	Crore			Rs		n as or		D	N /I	N/I	_	/ \	
Occupation	Business	Profession	nal		 P	ublic S	Secto	or	7[use		e		R	etire	ed	\Box
Details	Private Sector (Government	Ser	vice		Agricu	lturi	st	֓֞֞֞֞֞֞֞֞֞֓֓֓֞֞֓֓֓֓֓֓֓֓֓֓֡֝֓֡֓֡֡֝	S	tud	ent			Fore	x De	eale	r
	Others (Please spec	cify)																
Politically Exp	osed Person (PEP)	Υ	es			R	Relat	ed t	o F	PEP				No	t Ap	plic	able	!
•	resident of any count					Yes			Ю									
	cate all countries in whi	-				•			e as	ssoc							type	
S. No. Co	untry of Tax Residend	•		ification ional I			-	#		(TII					n Ty ease	•	cify)
1					•											•		
2																		
3																		
4																		
	ountries other than India, ally of USA # In case Tax																	ctive
countries especi	any or osa # in case ra	x identification		clarat		t avaiic	ibic,	KIIIU	'	JI U V	iue i	13 10	iiict	10116	пеци	iivait	511 L	
 acknowledge and	confirm that the infomati	on provided ab				orrect	to the	e bes	t of	f mv	knov	vled	ge a	nd b	elief.	In ca	ase a	nv of
-	l information is found to b	•											-					
	res & Stock Brokers Pvt L						-											
	cluding all changes, updat																	
	t Company, trustees, the uthorities/agencies inclu													_	_			
	or outside India wherever	-						_										
			•				-	_					•	_				-
of the same. Further. I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI/RBI/IRDA/PFRDA to facilitate single submission/update & for other relevant purposes. I also undertake to keep you																		
$informed\ in\ writing\ about\ any\ changes/modification\ to\ the\ above\ information\ in\ future\ and\ also\ undertake\ to\ provide\ any\ other\ additional$																		
	be required at your/Fund					_												
	.td to provide relevant info								_	g to (occui	and	l pa	y ou	tany	sums	tror	n my
decount of close of	Certifica	· · · · · · · · · · · · · · · · · · ·	- Bati	011 01 01	u V 131	116 1116						Si	gna	tur	е			
I/We have unde	rstood the information re		of thi	is Form	(re	ad alon	σ	Æ										
	& CRS Instructions) and						-											
	/us on this Form is tru							DA	TF	П	D	\/	\1	V .	/ V	V		
	Ve have read and unde			-				PLA		=	U	VI	۷I	ī	ıΥ	T		

		Date:	
To,			
RRS Shares & Stock Brokers Pvt Ltd Mumbai			
Dear Sir,			
1		(name of the applican	t) the undersigned, hereby
undertake and declare that I do not have a	separate email id,	/mobile number and request	you to record the email id/
mobile number of my	(relation)		(name of
the family member) for Cdsl Bold		and trading UCC	, as my email id/
mobile number for all the future correspor	ndence.		
Yours faithfully,			
Email id:			
Mobile No.:			

Second Director/Trustee/Partner

Know Your Client (KYC)





MANDATORY

Annexure (For Non-Individuals Only)	RRS SHARES & STOCK BROKERS PVT LTD
Please fill this form in English & in BLOCK le	tters
Fields marked * are mandatory	Application Number:
Fields marked * are pertaining to CKYC mandatory only if processing CKYC also	and CKYC Number:
Please tick by click of a BOX	. 10/0
Application Type* ☐ NEW KYC ☐ Modification 1. IDENTITY DETAILS of Related Person (Plea	
	se enclose a duly attested copy of your PAN Card
Date of Birth*	(5)
Gender* ☐ M- Male ☐ F- Fer	nale 🗖 T-Transgender
Nationality*	Applicant Photo
Related Person Type* □ Director □ Promoter □ Karta □ Trustee □ Pa □ Beneficiary □ Authorised Signatory □ Beneficial □ Others (please specify)	tner
Proof of Identity (POI) submitted for PAN exe	mpted cases (please tick)
☐ A - Aadhaar Card XX	XX XXXX
D. P. Dassport Number	 (Expiry Date)
☐ C - Voter ID Card	
	(Expiry Date)
□ E - NREGA Job Card□ F - National Population Register Letter	
☐ Z - Others	(any document notified by Central Government)
Identification Number	(un) document notified by central contention,
2. Address Details* (Please refer guidelines	overleaf)
A. Correspondence/Local Address*	
Line 1*	
Line 2	
Line 3	
	strict* Pin Code*
State* Cour	
	ential Business Registered Office Unspecified
· · · · · · · · · · · · · · · · · · ·	Applicant e-SIGN
	Not Applicable

B. Permanent residence address of applicant, if	f different from abo	ove A/Overseas Addre	ss* (Mandatory for NRI applicant)
Line 1*			
Line 2			
Line 3			
City/Town/Village*			
State* C	Country*		
Address Type* ☐ Residential/Business ☐ F	Residential 🗖 Bus	iness 🗖 Registered	Office 🖵 Unspecified
Proof of Address* (attested copy of any 1 F	POA for correspond	lence and permanent	address each to be submitted)
☐ A - Aadhaar Card	XXXX XXXX		
☐ B - Passport Number☐ C - Voter ID Card			Expiry Date)
D - Driving Licence			Expiry Date)
☐ E - NREGA Job Card			
☐ F - National Population Register Letter☐ Z - Others			locument notified by Central Government)
Identification Number		(ally 0	ocument notined by Central Government)
3. Contact Details* (in CAPITAL)			
Email ID*			
Mobile Number*			
Tel. (Off.)		_ Tel. (Res.)	
4. Applicant Declaration			
 I/We hereby declare that the KYC details furnish and correct to the best of my/our knowledge a undertake to inform you of any changes therein, in any of the above information is found to be misleading or misrepresenting, I am/we aware that liable for it. I/We hereby consent to receiving information from SMS/Email on the above registered number/em 	Applicant e-SIGN	Applicant Wet-signature (6)	
Date: (DD-MM-YYYY)		40	
Place:			Second Director/Trustee/Partner
5. For Office Use Only			, ,
KYC carried out by*		Inter	mediary Details*
KYC Date		☐ Self Certified do	cument copies received (OVD)
Emp. Name: ABBAS R BHARMAL		☐ True Copies of d	ocuments received (Attested)
Emp. Code: EMP19		Pos Code:	
Emp. Designation: PRINCIPAL OFFCI	ER MUMBAI	RRS SHARES & ST	OCK BROKERS PVT LTD
Emp. Designation.			
Employee Signature and Stan	nn	Inctitut	ion Name & Stamp
Limpioyee signature and stall	ı۲	เมริเมินเ	ion name & stamp

RRS SHARES &	RRS SHARES & STOCK BROKERS PVT LTD Supplementary KYC Information &											
(Please consu	FATCA-CRS Declaration - Individuals (Please consult your professional tax advisor for further guidance on your tax residency FATCA/CRS Guidance)											
PAN Client Code												
Name									G	ender	MF	0
Type of addre	ess given at KYC KRA	Resident	ial	Resider	ntial 8	k Busi	iness			Busine	SS	
Place of Birth												
Country of Birtl												
Nationality												
Gross Annual	I Delow I Lakii i II	5-10 Lakh	25 La	kh - 1 Crore	ا ف	Netv	worth	in IN	R in	Lakhs		
Income Detail in INR	1-5 Lakh	10-25 Lakh	>	1 Crore		Rs.:_ Net wo	orth as on	DI) M	MY	YY	Υ
Occupatio	n Business	Professional		Public Sec	tor		louse			Ret	ired	
Details		overnment Ser	vice	Agricultu	rist		Stude	ent		Forex	Dealer	
	Others (Please speci	fy)										
	oosed Person (PEP)	Yes			ated t		Р		No	ot App	licable	Ш
-	resident of any countries in which			Yes		No.	sistad	l Tay II	D. NI.	umbara	9 +1100	
	icate all countries in whic puntry of Tax Residenc	· .		n Number/		e asso				on Typ		
3. 140.	ountry of Tax Residence	•		quivalent	"	(Т				• •	pecify)	
1												
2												
3												
* To include all 4	countries other than India,	where investor is	Citizon/	Pacidont/Cra	on Ca	دd اا ما	dor/To	y Bosi	dont	in those	orocnoc	tivo
	cially of USA # In case Tax		-	-			•				•	tive
			eclarati									
	d confirm that the infomation							_				-
•	d information is found to be ares & Stock Brokers Pvt Lt					_						
	ncluding all changes, update	•		•					. ,			
	nt Company, trustees, thei											
	authorities/agencies includ	-			_							
	a or outside India wherever			-	_				_		_	-
	er. I authorize to share the			_				-	_			
registered with SEBI/RBI/IRDA/PFRDA to facilitate single submission/update & for other relevant purposes. I also undertake to keep you informed in writing about any changes /modification to the above information in future and also undertake to provide any other additional												
informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your/Fund's end or by domestic or overseas regulators/tax authorities. I/We authorize RRS Shares &												
	Ltd to provide relevant info	•		_								
account or close of	or suspend my account(s) w	ithout any obligati	ion of ad	lvising me of t	he san	ne.			•	,		·
	Certifica	tion						Sign	atur	·e		_
I/We have unde	erstood the information re	quirements of th	is Form	(read along	Æ1							
	& CRS Instructions) and h											
	e/us on this Form is true				DA	TE	D 0	M N	Υ	ү ү '	Υ	
	We have read and under		A & CRS	Terms and		ACE	1 1	1			ヺ	
Conditions belo	ow and hereby accept the	saille.										

		Date:	
To,			
RRS Shares & Stock Brokers Pvt Ltd Mumbai			
Dear Sir,			
I		(name of the applicar	nt) the undersigned, hereby
undertake and declare that I do not have	a separate email id,	/mobile number and request	you to record the email id/
mobile number of my	(relation)		(name of
the family member) for Cdsl Bold		and trading UCC	, as my email id/
mobile number for all the future corresp	ondence.		
Yours faithfully,			
Email id:			
Mobile No :			

Third Director/Trustee/Partner

Know Your Client (KYC)





MANDATORY

· · ·	L GVL
Annexure (For Non-Individuals Only)	RRS SHARES & STOCK BROKERS PVT LTD
Please fill this form in English & in BLOCK letters Fields marked * are mandatory	
Fields marked * are pertaining to CKYC and	Application Number:
mandatory only if processing CKYC also	CKYC Number:
Please tick by click of a BOX	
Application Type* NEW KYC Modification KYC	
1. IDENTITY DETAILS of Related Person (Please ref	er guidelines overlear)
PAN* Please en	
Name* (same as ID proof)	
Maiden Name* (if any)	
Father/Spouse's Name*	
Date of Birth*	(7)
Gender* ☐ M- Male ☐ F- Female	☐ T-Transgender
Nationality*	Applicant Photo
Related Person Type* □ Director □ Promoter □ Karta □ Trustee □ Partner □ Beneficiary □ Authorised Signatory □ Beneficial Owner □ Others (please specify)	☐ Court Appointed Official Proprietor
Proof of Identity (POI) submitted for PAN exempted	
□ B - Passport Number □ C - Voter ID Card □ D - Driving Licence □ E - NREGA Job Card	XX (Expiry Date) (Expiry Date)
	(any document notified by Central Government)
2. Address Details* (Please refer guidelines overle	af)
A. Correspondence/Local Address*	
Line 1*	
Line 3	
	fPin Code*
State* Country* _	
Address Type* Residential/Business Residential	
	Applicant e-SIGN
	Not Applicable

B. Permanent residence address of applicant, if diffe	erent from abo	ove A/Overseas Addres	ss* (Mandatory for NRI applicant)
Line 1*			
Line 2			
Line 3			
City/Town/Village*Di			
State*Coun			
Address Type* ☐ Residential/Business ☐ Resid	lential 🗖 Bus	iness 🗖 Registered	Office Unspecified
Proof of Address* (attested copy of any 1 POA	for correspond	lence and permanent	address each to be submitted)
	XX XXXX		
□ B - Passport Number□ C - Voter ID Card			Expiry Date)
D - Driving Licence			Expiry Date)
☐ E - NREGA Job Card			
☐ F - National Population Register Letter ☐ Z - Others			ocument notified by Central Government)
Identification Number		(any u	ocument notined by Central Government)
3. Contact Details* (in CAPITAL)			
Email ID*			
Mobile Number*			
Tel. (Off.)		_ Tel. (Res.)	
4. Applicant Declaration			
 I/We hereby declare that the KYC details furnished by and correct to the best of my/our knowledge and be undertake to inform you of any changes therein, immed any of the above information is found to be false misleading or misrepresenting, I am/we aware that I/w liable for it. I/We hereby consent to receiving information from CVI SMS/Email on the above registered number/email acceptable. 	elief and I/we diately. In case or untrue or e may be held L KRA through	Applicant e-SIGN	Applicant Wet-signature (8)
Date: (DD-MM-YYYY)			
Place:			Third Director/Trustee/Partner
5. For Office Use Only			
KYC carried out by*		Inter	mediary Details*
KYC Date		☐ Self Certified do	cument copies received (OVD)
Emp. Name: _ABBAS R BHARMAL		☐ True Copies of d	ocuments received (Attested)
Emp. Code: EMP19		Pos Code:	COOK PROKERS BUT LTD
Emp. Designation: PRINCIPAL OFFCER MU	UMBAI	CODE:	OCK BROKERS PVT LTD
Employee Signature and Stamp		Institut	ion Name & Stamp

RRS SHARES &	STOCK BROKERS PVT LTD	Supplementar	-									
(Please consu	lt your professional tax	FATCA-CRS De advisor for fur				ax re	siden	cy FA ⁻	TCA,	/CRS G	iuidanc	:e)
PAN		Client C	ode [
Name									G	ender	MF	0
Type of addre	ess given at KYC KRA	Resident	ial	Resider	ntial 8	k Busi	iness			Busine	SS	
Place of Birth												
Country of Birtl												
Nationality												
Gross Annual	I DEIOW I LAKII I II	5-10 Lakh	25 La	kh - 1 Crore	ا ف	Netv	worth	in IN	R in	Lakhs		
Income Detail in INR	1-5 Lakh	10-25 Lakh	>	1 Crore		Rs.:_ Net wo	orth as on	DI) M	MY	YY	Υ
Occupatio	n Business	Professional		Public Sec	tor		louse			Ret	ired	
Details		overnment Ser	vice	Agricultu	rist		Stude	ent		Forex	Dealer	
	Others (Please speci	fy)										
	oosed Person (PEP)	Yes			ated t		Р		No	ot App	licable	Ш
-	resident of any countries in which			Yes		No.	sistad	l Tay II	D. NI.	umbara	9 +1100	
	icate all countries in whic puntry of Tax Residenc	· .		n Number/		e asso				on Typ		
3. 140.	ountry of Tax Residence	•		quivalent	"	(Т				• •	pecify)	
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2												
3												
* To include all 4	countries other than India,	where investor is	Citizon/	Pacidont/Cra	on Ca	دd اا ما	dor/To	y Bosi	dont	in those	orocnoc	tivo
	cially of USA # In case Tax		-	-			•				•	tive
			eclarati									
	d confirm that the infomation							_				-
•	d information is found to be ares & Stock Brokers Pvt Lt					_						
	ncluding all changes, update	•		•					. ,			
	nt Company, trustees, thei											
	authorities/agencies includ	-			_							
	a or outside India wherever			-	_				_		_	-
	er. I authorize to share the			_				-	_			
	BI/ RBI/ IRDA/ PFRDA to faci g about any changes/modifi	-										
	ay be required at your/Fund									•		
	Ltd to provide relevant info	•		_								
account or close of	or suspend my account(s) w	ithout any obligati	ion of ad	lvising me of t	he san	ne.			•	,		·
	Certifica	tion						Sign	atur	·e		_
I/We have unde	erstood the information re	quirements of th	is Form	(read along	Æ1							
	& CRS Instructions) and h											
	e/us on this Form is true				DA	TE	D 0	M N	Υ	ү ү '	Υ	
	We have read and under		A & CRS	Terms and		ACE	1 1	1			ヺ	
Conditions belo	ow and hereby accept the	saille.										

		Date:	
To,			
RRS Shares & Stock Brokers Pvt Ltd Mumbai			
Dear Sir,			
I		(name of the applicar	nt) the undersigned, hereby
undertake and declare that I do not have	a separate email id,	/mobile number and request	you to record the email id/
mobile number of my	(relation)		(name of
the family member) for Cdsl Bold		and trading UCC	, as my email id/
mobile number for all the future corresp	ondence.		
Yours faithfully,			
Email id:			
Mobile No :			

MANDATORY



Know Your Client (KYC)





Annexure (For Non-Individuals Only	y)	RRS SHARE	S & STOCK BROKERS PVT LTD
Please fill this form in English & in	BLOCK letters		
Fields marked * are mandatory		Application Number:	
Fields marked + are pertaining			
mandatory only if processing CKYC	also	CKYC Number:	
Please tick by click of a BOX Application Type* ☐ NEW KYC ☐ M	ladification KVC		
1. IDENTITY DETAILS of Related Per		er guidelines overleaf)	
PAN*			any of your PAN Card
Name* (same as ID proof)			
NACTOR NEW Y / Com			
Date of Birth*			
	☐ F- Female	———— ☐ T-Transgender	*
Nationality*		· ·	
			Applicant Photo
Related Person Type*	nata a D Danta an	Count Associated Official	Descriptor
☐ Director ☐ Promoter ☐ Karta ☐ Tru ☐ Beneficiary ☐ Authorised Signatory ☐		• •	Proprietor
Others(plea			mandatory if the related person is Director)
Proof of Identity (POI) submitted for			
☐ A - Aadhaar Card	•	κx	
☐ B - Passport Number			(Expiry Date)
☐ C - Voter ID Card			· · · · · · · · · · · · · · · · · · ·
☐ D - Driving Licence			(Expiry Date)
E - NREGA Job Card			
☐ F - National Population Register Le			· · · · · · · · · · · · · · · · · · ·
☐ Z - Others Identification Number		(a	any document notified by Central Government)
identification Number			
2. Address Details* (Please refer gu	uidelines overlea	af)	
A. Correspondence/Local Address*			
Line 1*			
Line 2			
Line 3			
City/Town/Village*	District*		Pin Code*
State*			
Address Type* ☐ Residential/Busines			
			Applicant e-SIGN
			Not Applicable
			Norver

B. Permanent residence address of applicant, if d	ifferent from abo	ve A/Overseas Addr	ess* (Mandatory for NRI applicant)
Line 1*			
Line 2			
Line 3			
City/Town/Village*	District*	P	in Code*
State*Cou	untry*		
Address Type* \square Residential/Business \square Res			
Proof of Address* (attested copy of any 1 PO	A for correspond	ence and permanen	address each to be submitted)
☐ A - Aadhaar Card	(XXX XXXX		
B - Passport Number			(Expiry Date)
☐ C - Voter ID Card ☐ D - Driving Licence			(Expiry Date)
☐ E - NREGA Job Card			(Expiry Date)
☐ F - National Population Register Letter			
Z - Others		(any	document notified by Central Government)
Identification Number			
3. Contact Details* (in CAPITAL)			
Email ID*			
Mobile Number*			
Tel. (Off.)		_ Tel. (Res.)	
4. Applicant Declaration			
 I/We hereby declare that the KYC details furnished and correct to the best of my/our knowledge and undertake to inform you of any changes therein, imm any of the above information is found to be fals misleading or misrepresenting, I am/we aware that I, liable for it. I/We hereby consent to receiving information from CSMS/Email on the above registered number/email 	belief and I/we nediately. In case se or untrue or /we may be held	Applicant e-SIGN	Applicant Wet-signature
Date: (DD-MM-YYYY)		•	
Place:			Second Director/Trustee/Partner
5. For Office Use Only			
KYC carried out by*		Inte	rmediary Details*
KYC Date		☐ Self Certified d	ocument copies received (OVD)
Emp. Name: ABBAS R BHARMAL		☐ True Copies of	documents received (Attested)
Emp. Code: EMP19		Pos Code:	
Emp. Designation: PRINCIPAL OFFCER	R MUMBAI	RRS SHARES & S	TOCK BROKERS PVT LTD
Emp. Designation.			
Employee Signature and Stome		lnotit.	tion Namo & Stamp
Employee Signature and Stamp		institu	tion Name & Stamp

RRS SHARES & STOCK BROKERS PVT LTD Supplementary KYC Infor	
FATCA-CRS Declaration - I	
(Please consult your professional tax advisor for further guidan	
PAN Client Code	
Name	Gender M F O
Type of address given at KYC KRA Residential	Residential & Business Business
Place of Birth	
Country of Birth	
Nationality	
Gross Annual Below 1 Lakh 5-10 Lakh 25 Lakh -	1 Crore Networth in INR in Lakhs
Income Details in INR 1-5 Lakh 10-25 Lakh > 1 Cr	
	blic Sector Housewife Retired
Potoils	riculturist Student Forex Dealer
Others (Please specify)	
Politically Exposed Person (PEP) Yes	Related to PEP Not Applicable
	es No
If yes, please indicate all countries in which you are resident for tax pur	
S. No. Country of Tax Residency* Tax identification Nu Functional Equive	
1	
2	
3 4	
* To include all countries other than India, where investor is Citizen/Reside	ent /Green Card Holder/Tay Resident in those respective
	available, kindly provide its functional equivalent
countries especially of USA # in case Tax Identification Number is not a	
Declaration	
Declaration I acknowledge and confirm that the infomation provided above is true and cor	•
Declaration I acknowledge and confirm that the infomation provided above is true and corthe above specified information is found to be false or untrue or misleading or	misrepesenting, I am aware that I may liable for it. I hereby
Declaration I acknowledge and confirm that the infomation provided above is true and cor the above specified information is found to be false or untrue or misleading or authorize RRS Shares & Stock Brokers Pvt Ltd to disclose, share, rely, remit	misrepesenting, I am aware that I may liable for it. I hereby in any form, mode or manner, all/any of the information
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Declaration I acknowledge and confirm that the infomation provided above is true and conthe above specified information is found to be false or untrue or misleading or authorize RRS Shares & Stock Brokers Pvt Ltd to disclose, share, rely, remit provided by me, including all changes, updates to such information as and whasset Management Company, trustees, their emptoyees / RTAs ('the Authoritation's judical authorities/agencies including but not limited to the Final	misrepesenting, I am aware that I may liable for it. I hereby in any form, mode or manner, all/any of the information en provided by me to/any of the Mulual Fund, its Sponsor, prized Parties') or any Indian or foreign governmental to ancial Intelligence Unit-India (FIU-IND), the tax/revenue
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		Date:	
То,			
RRS Shares & Stock Brokers Pvt Ltd Mumbai			
Dear Sir,			
I		(name of the applican	t) the undersigned, hereby
undertake and declare that I do not have a	a separate email id,	/mobile number and request y	ou to record the email id,
mobile number of my	(relation)		(name of
the family member) for Cdsl Bold		and trading UCC	, as my email id,
mobile number for all the future correspo	ndence.		
Yours faithfully,			
- "			
Email id:			
Mobile No.:			

MANDATORY



Know Your Client (KYC)





Annexure (For Non-Individuals Only	y)	RRS SHARE	S & STOCK BROKERS PVT LTD
Please fill this form in English & in	BLOCK letters		
Fields marked * are mandatory		Application Number:	
Fields marked + are pertaining			
mandatory only if processing CKYC	also	CKYC Number:	
Please tick by click of a BOX Application Type* ☐ NEW KYC ☐ M	ladification KVC		
1. IDENTITY DETAILS of Related Per		er guidelines overleaf)	
PAN*			any of your PAN Card
Name* (same as ID proof)			
NACTOR NEW Y / Com			
Date of Birth*			
	☐ F- Female	———— ☐ T-Transgender	*
Nationality*		· ·	
			Applicant Photo
Related Person Type*	nata a D Danta an	Count Associated Official	Descriptor
☐ Director ☐ Promoter ☐ Karta ☐ Tru ☐ Beneficiary ☐ Authorised Signatory ☐		• •	Proprietor
Others(plea			mandatory if the related person is Director)
Proof of Identity (POI) submitted for			
☐ A - Aadhaar Card	•	κx	
☐ B - Passport Number			(Expiry Date)
☐ C - Voter ID Card			· · · · · · · · · · · · · · · · · · ·
☐ D - Driving Licence			(Expiry Date)
E - NREGA Job Card			
☐ F - National Population Register Le			· · · · · · · · · · · · · · · · · · ·
☐ Z - Others Identification Number		(a	any document notified by Central Government)
identification Number			
2. Address Details* (Please refer gu	uidelines overlea	af)	
A. Correspondence/Local Address*			
Line 1*			
Line 2			
Line 3			
City/Town/Village*	District*		Pin Code*
State*			
Address Type* ☐ Residential/Busines			
			Applicant e-SIGN
			Not Applicable
			Norver

B. Permanent residence address of applicant, if	different from abo	ove A/Overseas Addr	ess* (Mandatory for NRI applicant)
Line 1*			
Line 2			
Line 3			
City/Town/Village*	_ District*	P	in Code*
State* Co	ountry*		<u></u>
Address Type* ☐ Residential/Business ☐ R			
Proof of Address* (attested copy of any 1 P	OA for correspond	lence and permanen	address each to be submitted)
☐ A - Aadhaar Card	XXXX XXXX		
☐ B - Passport Number			(Expiry Date)
C - Voter ID Card			(Funiary Data)
☐ D - Driving Licence ☐ E - NREGA Job Card			(Expiry Date)
☐ F - National Population Register Letter			
☐ Z - Others		(any	document notified by Central Government)
Identification Number			
3. Contact Details* (in CAPITAL)			
Email ID*			
Mobile Number*			
Tel. (Off.)		_ Tel. (Res.)	
4. Applicant Declaration			
 I/We hereby declare that the KYC details furnishe and correct to the best of my/our knowledge ar undertake to inform you of any changes therein, in any of the above information is found to be f misleading or misrepresenting, I am/we aware that liable for it. I/We hereby consent to receiving information from SMS/Email on the above registered number/email 	nd belief and I/we nmediately. In case alse or untrue or t I/we may be held n CVL KRA through	Applicant e-SIGN	Applicant Wet-signature
Date: (DD-MM-YYYY)		•	
Place:			Second Director/Trustee/Partner
5. For Office Use Only			
KYC carried out by*		Inte	rmediary Details*
KYC Date		☐ Self Certified d	ocument copies received (OVD)
Emp. Name: ABBAS R BHARMAL			documents received (Attested)
Emp. Code: EMP19		Pos Code:	TOCK BROKERS PVT LTD
Emp. Designation: PRINCIPAL OFFCE	R MUMBAI	CODE:	TOCK BROKERS F VI EID
Employee Signature and Stam		Institu	tion Name & Stamp

RRS SHARES & STOCK BROKERS PVT LTD Supplementary KYC Infor	
FATCA-CRS Declaration - I	
(Please consult your professional tax advisor for further guidan	
PAN Client Code	
Name	Gender M F O
Type of address given at KYC KRA Residential	Residential & Business Business
Place of Birth	
Country of Birth	
Nationality	
Gross Annual Below 1 Lakh 5-10 Lakh 25 Lakh -	1 Crore Networth in INR in Lakhs
Income Details in INR 1-5 Lakh 10-25 Lakh > 1 Cr	
	blic Sector Housewife Retired
Potoils	riculturist Student Forex Dealer
Others (Please specify)	
Politically Exposed Person (PEP) Yes	Related to PEP Not Applicable
	es No
If yes, please indicate all countries in which you are resident for tax pur	
S. No. Country of Tax Residency* Tax identification Nu Functional Equive	
1	
2	
3 4	
* To include all countries other than India, where investor is Citizen/Reside	ent /Green Card Holder/Tay Resident in those respective
	available, kindly provide its functional equivalent
countries especially of USA # in case Tax Identification Number is not a	
Declaration	
Declaration I acknowledge and confirm that the infomation provided above is true and cor	•
Declaration I acknowledge and confirm that the infomation provided above is true and corthe above specified information is found to be false or untrue or misleading or	misrepesenting, I am aware that I may liable for it. I hereby
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		Date:	
То,			
RRS Shares & Stock Brokers Pvt Ltd Mumbai			
Dear Sir,			
I		(name of the applican	t) the undersigned, hereby
undertake and declare that I do not have a	a separate email id,	/mobile number and request y	ou to record the email id,
mobile number of my	(relation)		(name of
the family member) for Cdsl Bold		and trading UCC	, as my email id,
mobile number for all the future correspo	ndence.		
Yours faithfully,			
- "			
Email id:			
Mobile No.:			

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM

A. IMPORTANT POINTS:

- Self-attestation of documents is mandatory.

 Copies of all documents that are submied need to be compulsorily self-aested by the applicant and accompanied by originals for verificaon. In case the original of any document is not produced for verificaon, then the copies should be properly aested by enes authorized for aesng the documents,
- as per below list menoned list.

 If any proof of identy or address is in a foreign language, then translaon into English is required.

 Name & address of the applicant menoned on the KYC form, should match with the documentary proof submied.

For non-residents and foreign name addresses are different, then proofs for both have to be submied. Sole proprietor must make the applicaon in his individual name & capacity. For non-residents and foreign naonals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCI Card and overseas address proof is mandatory. For foreign enes, CIN is oponal; and in absence of DIN no. for the directors, their passport copy cheld be a line.

should be given.

In case of Merchant Navy NRI's, Mariner's declaraon or cerfied copy of CDC (Connuous Discharge Cerficate) is to be submied.

For opening an account with Depository parcipant or Mutual Fund, for a minor, photocopy of the School Leaving Cerficate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Cerficate must be provided.

Certicate must be provided.

11. Polically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Head of State or of Government, senior polician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official etc.

B. Proof of Identity (POI): - List of documents admissible as Proof of Identity:

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Secon D).

2. Original Verified Documents (OVD) are acceptable: Unique Idenficaon Number (UID) (Aadhaar)/ Passport/Voter ID card/Driving License/Letter issued by NPR/NREGA job card.

3. If driving license number or passport is provided as proof of identy then expiry date is to be mandatorily furnished.

mandatorily furnished.

Mention idenfication/reference number if 'Z – Others (any document nofied by the central

government)' is ticked.

Others – Identy card with applicant's photograph issued by any of the following: Central/State
Government Departments, Statutory/Regulatory Authories, Public Sector Undertakings, Scheduled
Commercial Banks, Public Financial Institutions, Colleges affiliated to Universies, Professional
Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members and Credit cards/Debit cards issued by Banks

C. Proof of Address (POA): - List of documents admissible as Proof of Address:

(*Documents having an expiry date should be valid on the date of submission.)

1. PoA to be submied only if the submied Pol does not have an address or address as per Pol is invalid

Others includes – Ulity bill which is not more than 3 months old of any service provider (electricity,

landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdicons and leer issued by Foreign Embassy or Mission in India

by Foreign Emossy of Mission in India Identy Card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authories, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Ins-Instuons, Colleges affliated to Universies, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members Self declaration of High courts/Supreme court judges, giving the new address in respect of their

own_accounts.

own accounts. Power of attorney given by FII/Sub account to the custodians (which are duly notarized and/or apos-tilled or consularized) that gives registered address should be taken. Proof of address in name of spouse may be accepted. Registered lease or Sale agreement/Flat maintenance bill/Insurance copy/Ration card/Latest Property

Original Verified Documents (OVD) are acceptable: Unique Idenficaon Number (UID) (Aadhaar)/ Passport/Voter ID card/Driving License/Letter issued by NPR/NREGA job card

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

- Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.

Invasions including sirsty, in Mucuan turior sciences up to INIX 30,000 per invosor per year per Mutual Fund.
 Transacons undertaken on behalf of Central/State Government, by Officials appointed by Courts, e.g. Official liquidator, Court receiver, etc.
 Investors residing in the state of Sikkim.
 UN enes/mullateral agencies exempt from paying taxes/filing tax returns in India.
 In case of instuonal clients, namely Fils, MFs, VCFs, FVCis, Scheduled commercial bank, Mullateral and Bilateral development financial instuons, State Industrial development corporaons, insurance companies registered with IRDA and public financial instuons as defined under secon 4A of the Company Act 1956, custodians shall verify the PAN card details with the original PANs and provide duly cerfied copies of such verified PAN details to the intermediary.
 List of people authorized to attest the documents:

 Authorized Official of Asset Management Companies (AMCs).
 Authorized Official of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
 KYC compliant mutual fund distributors affiliated to Associaon of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
 Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designaon & Seal should be affixed on the copy).
 In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country

in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permied to attest the documents.

Online Mode Processing of KYC:

ONLINE KYC

- Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal. The documents should be digitally signed using DSC. Intermediary attestation on documents (OSV) is exempted.

Types of entity	Additional Documents Required over & above PAN, POI & POA
Corporate	Copy of Balance Sheet for the last to financial years (to be submied every year).
	 Copy of latest share-holding pattern including the list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover regulaons, duly cerfied by the company secretary/whole time director/MD (to be submitted every year).
	Photograph, POI, POA, PAN and DIN number of the whole time Director/ 2 directors in charge of day to day operations.
	Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly.
	Copy of Memorandum and Articles of Association and Certificate of Incorporation.
	• Copy of Board Resolution for Investment in security markets. • Authorized signatories list with specimen signatures.
	Shareholding pattern.
Partnership firm	Copy of Balance Sheet for the last to financial years (to be submitted every year).
	Cerficate of Registration (for registered partnership firms only). Copy of Partnership Deed.
T	Authorized signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners. • Shareholding pattern.
Trust	 Copy of Balance Sheet for the last to financial years (to be submied every year). Cerficate of Registration (for registered Trusts only). Copy of Trust Deed.
	 List of Trustees cerfied by Managing Trustees/CA • Photograph, POI, POA, PAN of Trustees.
HUF	PAN of HUF. • Deed of declaration of HUF or List of Co-parceners.
1101	Bank Pass-book/bank statement in the name of HUF. Photograph, POI, POA, PAN of Karta.
Unincorporated	Proof of Existence/Constitution document.
Association or a	Resolution of the managing body & Power of Attorney granted to transact business on its behalf.
body of individuals	Authorized signatories list with specimen signatures.
Banks/Institutional Investors	Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years.
	Authorized signatories list with specimen signatures.
Army/ Government	Self-certification on letterhead.
Bodies	Authorized signatories list with specimen signatures.
Registered Society	Copy of Registration Certificate under Societies Registration Act. •List of Managing Committee members.
	 Committee resolution for persons authorised to act as authorised signatories with specimen signatures. True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.
FPI Category I	FPI Cerficate Constitution Documents
rri category i	
	Copy of Board Resolution (optional)
FDI Catagonii II	Authorized signatories list with specimen signatures. FILE Confidence - Constitution Deciments.
FPI Category II	FPI Cerficate
	• Copy of Board Resolution • Shareholding pattern and Ultimate Beneficiary Owners List (UBO) with UBO proof of identity
	Authorized signatories list with specimen signatures.

Annexure

Details of Promoters / Partners	/ karta / Trustees and whole t	time directors forming a part of KY	C Application Form	for Non-Individua
Name of Applicant:		PAN of the	Applicant: L	
				Signature
				across
Tel./Mobile No.:		DIN Number:		Photograph
Unique Identification Nu	mber(UID) / AADHAAR if	Any:	(9)	
Relationship with Applica	nt:	PAN:		
Please tick, if applicable:		Person (PEP) ally Exposed Person (RPEP)		
Name:			(
				Signature
				across
Tel./Mobile No.:		DIN Number:		Photograph
Unique Identification Nu	mber(UID) / AADHAAR if	Any:	(10)	тносовгарн
Relationship with Applica	nt:	PAN:	(10)	
Please tick, if applicable:		ally Exposed Person (RPEP)		
Name:				
Regd./Residential Addres	s:			Signature
				across
		DIN Number:		Photograph
Unique Identification Nu		•	(11)	
Relationship with Applica			@	
Please tick, if applicable:		Person (PEP) ally Exposed Person (RPEP)		
Name:			(
Regd./Residential Addres	s:			Signature
				-
Tel./Mobile No.:		DIN Number:		across Photograph
Unique Identification Nu	mber(UID) / AADHAAR if	Any:		rnotograph
Relationship with Applica	nt:	PAN:	(12)	
Please tick, if applicable:		Person (PEP) ally Exposed Person (RPEP)		
Name & Signature of the A	Authorised Signatory(ies)	Date		

Annexure

Details of Promoters / Partners	/ karta / Trustees and whole t	ime directors forming a part of KY	C Application Form	for Non-Individua
Name of Applicant:		PAN of the A	Applicant: LLL	
				Signature
				across
Tel./Mobile No.:		DIN Number:		Photograph
Unique Identification Nu	mber(UID) / AADHAAR if	Any:	(9)	
Relationship with Applica	nt:	PAN:		
Please tick, if applicable:		Person (PEP) ally Exposed Person (RPEP)		
Name:			(
				Signature
				across
Tel./Mobile No.:		DIN Number:		Photograph
Unique Identification Nu	mber(UID) / AADHAAR if	Any:	(10)	тносовгарн
Relationship with Applica	nt:	PAN:	(10)	
Please tick, if applicable:		ally Exposed Person (RPEP)		
Name:				
Regd./Residential Addres	s:			Signature
				across
		DIN Number:		Photograph
Unique Identification Nu			(11)	
Relationship with Applica			@	
Please tick, if applicable:		Person (PEP) ally Exposed Person (RPEP)		
Name:			(
Regd./Residential Addres	s:			Signature
				-
Tel./Mobile No.:		DIN Number:		across Photograph
Unique Identification Nu	mber(UID) / AADHAAR if	Any:		rnotograph
Relationship with Applica	nt:	PAN:	(12)	
Please tick, if applicable:		Person (PEP) ally Exposed Person (RPEP)		
Name & Signature of the A	Authorised Signatory(ies)	Date		

Details of ultimate beneficial owner including additional FATCA & CRS information													
*Name of the entity													
Type of address given at KYC KRA	Residential & Business Residen	ntial Business Regd. Off.											
	available in KRA database. In case of any cha	ange, please approach KRA & notify the changes											
Customer ID/Folio Number													
PAN	Date of Incorp	oration D D / M M / Y Y Y Y											
City of incorporation													
Country of incorporation													
Entity Constitution Type Please tick as appropriate □ Parnership Firm □ HUF □ Private Limited Company □ Public Limited Company □ Society □ Aop/BoiSociety □ Trust H Liquidator □ Limited Liability Partnership □ Aritificial Judicial Person □ Others specify													
Please tick the applicable tax resid	dent declaration Yes	No											
1. Is Entity* a tax resident of any co		No											
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below. Country Tax identification Number# Identification Type													
Country	lax identification Number#	lo											
	· · · · · · · · · · · · · · · · · · ·	functional equivalent \$ de Company Identification number or											
In case the Entity's Country of Inc mention Entity's exemption code		t entity is not a Specified U.S. Person,											
(Please consult your profess	FATCA & CRS Declaration ional tax advisor for further guidance	on FATCA & CRS classification)											
PART A (to be filled by Financial Ir	stitutions or Direct Reporting NFEs)												
1. We are a,	GIIN												
Financial institution		it you are sponsored by another entity,											
or Direct reporting NFE	please provide your sponsor's GIIN	above and indicate your sponsor's name											
(please tick as appropriate)	below Name of sponsoring entity												
	waine of sponsoring entity												
GIIN not available (Please t	ck as applicabe) 🗸 Applied for												
If the entity is a financial ins	titution, 🕢 Not required to apply for	-please specify 2 digits sub-category											
	✓ Not obtained-Non partici	pating FI											
	•												

PART	B (please fill any one as approprio	ate "to be fil	lled by NFEs other than I	Direct Reporting NFEs	")						
1.	Is the Entity a publicly traded comis, a company whose shares are traded on a established securities.	regurlarly	1.00	cify any one stock exchange c	on which the stock is						
2.	Is the Entity a related entity of traded company (a company wh are regurlarly traded on an esecurities market)	ose shares	exchange on whice Name of listed compa Name of relation: C	h the stock is regularly traded ANY ubsidiary of the listed Compar ontrolled by a listed Company	bsidiary of the listed Company or ntrolled by a listed Company ge						
3.	Is the Entity an active NFE		Nature of Business	BO declaration in the next section) -category of Active NFE BO declaration in the next section)							
4.	Is the Entity an passive NFE			Declaration in the next section) O declaration in the next section) O declaration in the next section) Parnership Firm on/body of individauls							
		UBO	Declaration								
☐ Lin	gory (Please tick applicable categor nited Liability Parnership Company blic Charitable Trust	ry) 🗖 Unlist / 🔲 I ious Trust	ted Company Unincorporated associa Private Trust	•							
reside Owner	ncy/citizenship and ALL Tax identif	ication Nun	nbers for EACH controlli	ng person(s).							
Country	Beneficial owner / Controlling person - Tax Residency o or functional equivalent for each country"	Beneficial Int	- TIN or other, please specify. terest - in persentage of countrolling person"	Beneficial Interest - in persentage							
1. Nam Cour Tax		Tax ID Type Type Code Address Type	e ☐ Residence ☐ Business ☐ Registered Office	Address ZIP State:	Country:						
2. Nam Cour Tax		Tax ID Type Type Code Address Type	e ☐ Residence ☐ Business ☐ Registered Office	Address ZIP State:	Country:						
3. Nam Cour Tax		Tax ID Type Type Code Address Type	e ☐ Residence ☐ Business ☐ Registered Office	Address ZIP State:	Country:						
# If pass	ive NFE, please provide below additional detail	ls.									

PAN/Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others, City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Others						
1. PAN	Occupation Type	DOB D D / MM / Y Y Y Y						
City of Birth	Nationality	Gender Male ✓ Female ✓						
Country of Birth	Father's Name	Others 🗸						
2. PAN	Occupation Type	DOB D D / M M / Y Y Y						
City of Birth	Nationality	Gender Male ✓ Female ✓						
Country of Birth	Father's Name	Others ✓						
3. PAN	Occupation Type	DOB D D / M M / Y Y Y						
City of Birth	Nationality	Gender Male ✓ Female ✓						
Country of Birth	Father's Name	Others ✓						

- # Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India.
- * To include US, where controlling person is a US citizen or green card holder
- "In case Tax Identification Number is not available, kindly provide functional equivalent.

FATCA & CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rulers 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the propose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you. Please ensure you advise us promptly, i.e. within 30 days.

Please note that you may receive more than one request for information. If you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explationation and attach this to the form.

Certification

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name																	
Designation																	
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(41)													Pla	ace	:_	 	
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